

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
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SPECIALTIES IN NURSING

By KATHERINE DE WITT

Not many years ago the doctor of medicine was also a surgeon, a gynæcologist, an obstetrician, and an apothecary. His companion in work, the nurse, was often expected to perform the duties of the house-keeper, cook, laundress, and nurse-maid, and to do sewing in spare moments. Many persons now living can look back gratefully to the old family physician who pulled their teeth with murderous-looking instruments, who dosed them with strong pills of his own make, and who was always at hand with his ready cheer and courage in every illness. Many women can remember the relief brought by the corpulent old auntie, who used to come with the *Klapper-Storch** and take up all the household work as it fell from the mother's hands, cooking for her husband, dressing the children, and keeping all things running smoothly, often performing these duties with the baby on her arm.

Why are such doctors and nurses not seen to-day?—they were helpful, kindly, skilful, and filled a need. Because present civilization and modern science demand a perfection along each line of work formerly unknown. The dentist of to-day has too many absorbing interests of his own to dabble in surgery; the pharmacist is not supposed to prescribe the wares he dispenses; the nurse cannot leave her pneumonia patient to feed himself while she washes dishes.

Useful as the old nurse was, with her ready adaptability to many kinds of work, the new nurse is more useful, at least to the patient himself, and ultimately to the family and community. Her sphere is more limited, but her patient receives better care than was possible under the old time *régime*.

Doctors have not only dropped such kindred professions as pharmacy and dentistry from their field of labor, but many feel that a whole lifetime of study and investigation is not too much to give to some one branch in which they are interested, so that we have to-day a great army

* White stork.

of specialists,—the oculist, the aurist, the gynæcologist, and so forth. All these specialists, however, have begun their work with general medical training, and have taken up later the work required for their chosen study.

Where doctors lead, nurses are sure to follow, and they also have to some extent taken up special lines of work. Some nurses begin their professional career by taking training which is one-sided, or practically so, only the theoretical studies covering the entire ground. Those nurses who are trained in sanitariums, in children's hospitals, or in small surgical hospitals do not always confine their practice to the ground covered by their training, but often take up general nursing, believing, probably, that thorough training in one line and careful study prepare them sufficiently. No nurse who has had general training underestimates its importance; she would be unwilling to care for a disease she had never seen. To be sure, the doctor is responsible for the general conduct of a case, but the nurse is responsible for the honest performance of her own duties. In the golden age of nursing we hope for an ideal combination of small hospitals by which nurses can get a complete training by serving in several.

In the present condition of things women who wish to do nursing of any kind would do better to begin with a thorough course in a general training-school, taking up later the kind of work for which she proves herself best fitted. Very few nurses begin training with a view to working in one line. Nearly all have the intention to do general **private** nursing, and time shows their capacity. Some women show a **marked** ability for management and are retained in their schools as head nurses or are sent to positions of responsibility elsewhere, some can never forget the fascination of the operating-room and seek for positions as surgical nurses in other hospitals, some drop nursing entirely or make it secondary to something else,—the majority start out as private nurses. Of these, most keep up general work, though they may register against some one class of diseases, and a small proportion find themselves, by force of circumstances, by inclination, or special adaptability, devoting themselves more and more to one class of work until they have become practically specialists. Nurses who are particularly quick of eye and deft of hand prove themselves such useful assistants in surgical work that there is a constant demand for their aid. Some nurses are born kindergartners; they not only love little children, but they know how to manage and amuse them. Such qualities added to thorough training make a nurse invaluable in children's diseases, and the physician who is a specialist in that line is almost sure to have in his office a list of those who have proved themselves "good with children." The nurse who

wishes to take up obstetrical work as a specialty will find her road an easy one if she is a really good obstetrical nurse, for in no other line of work is a nurse so often called again and again to the same family or passed about a circle of relatives and friends.

There is no need to urge nurses to take up specialties, for there is no such demand for specialists in the nursing as in the medical profession, and there will always be enough who have marked ability in certain directions to fill the ranks. Those who devote themselves to one branch of nursing often do so because of the keen interest they feel in it. The specialist can and should reach greater perfection in her sphere when she gives her entire time to it. Her studies should be continued in that direction, she should try constantly to keep up with the rapid advance in medical science. There is always the possibility that by careful observation she may collect data which will be of use to the doctor who cannot spend as much time as she over the minute details of a case. The nurse who is a specialist can often supplement the doctor's work to a great extent. The surgeon or obstetrician who has a patient in the country can often leave the after-care of a case in the hands of a nurse who is familiar with his mode of treatment, who will carry it out faithfully, and who will not need such minute instructions as a nurse less closely in touch with his work. It is a comfort, too, to these doctors to know that the nurses who are caring for their patients have nothing to do with contagious diseases, and that there need be no anxiety as to their possessions being sufficiently disinfected. It is a great convenience and help to a doctor, especially to one who is full of crochets, to have as an assistant a nurse who "knows his ways," who is not disturbed by his explosions of impatience, and under whose hands all arrangements are sure to go smoothly. Such a nurse is, as she should be, an invaluable aid, but she should for her own sake take an occasional case for another doctor, that she may not become narrow in her point of view. One is so wrapped in admiration of Dr. A's methods and good results that she may look askance at Dr. B's plan of action until she finds he too is successful, though by different means. Then, again, doctors are mortal, and when a skilful physician is cut off in the prime of life he sometimes leaves behind him a small army of nurses who have worked only with him and who are almost unknown to his colleagues. They must now go back to general nursing until gradually they can take up again their favorite line of work. There are minor reasons for special work which appeal to one almost as strongly as the more weighty ones. A nurse who is unequal to the strain of night work finds that surgical cases require less of it than medical ones do. Another, who takes obstetrical cases largely, says frankly that she finds them more convenient,

for she can plan her time ahead. She knows pretty well when she will be busy, when at leisure, and what clothes she will require. It need not be added that each does her work well; if she did not she could not choose, but would have to join the army of incompetent or careless ones who must take what they can get. There are many nurses who feel a sense of victory in each case of typhoid fever which is carried safely through, and who take case after case of that disease. There are others who love the medical cases which require careful dieting, for they enjoy making a study of foods and preparing them properly.

Probably every nurse on graduation does best to begin with general work until she has made the character of her work known to doctors, patients, and, not least, herself.

There are dangers besetting all paths, and the best of nurses must beware of that familiarity with her work which breeds carelessness, and of the narrowing of her interests, which can best be avoided by occasionally taking up post-graduate work along other lines than her own.

VISITING NURSING

By ELIZA J. MOORE

THE Visiting Nurse Association of Chicago was established in 1890. Its object is to furnish trained nurses to the sick poor unable to pay for them. The staff consists of a head nurse, nine nurses in charge of districts, and one who assists in the office work and helps in the districts when necessary. The city is divided into ten districts, one nurse having charge of each and being responsible for the calls that come to her in it. At present there is no visiting nurse on duty in the South Chicago District. The hours of duty are nine A.M. to five P.M., but during the heavy season the nurses are often required to stay overtime, while in the very light times they are considered off duty before five if their work is finished. Sunday and holiday visits are made at their discretion. The salary is fifty dollars a month and car-fare the first two years, and then sixty dollars. The out-door uniforms for summer and winter are also furnished by the association, the summer one being a dark blue serge coat and hat, while for winter is worn a dark blue ulster with bonnet and veil. The dress is the medium stripe of blue and white gingham, with white collar, cuffs, and belt, the distinctive feature of the uniform being the white cross worn upon the left arm.

The main office of the association is in the Masonic Temple, and the nurses report there once a week to take in reports, get supplies, and